Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2013 - 294 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: DAV, & L. GREEN Address: 698 OLD CANDER RS Bishof Ville 5.C. 29010	Email: YOUR Heaith & YAHOU.COM
as required by law. This form is required for use by the Public Service be filled out completely.	aces nor supplements the filing and service of pleadings or other papers e Commission of South Carolina for the purpose of docketing and must DN (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificat of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 7/31/2013
CLASS C - CHARTER
Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name. $OAVIAL-GREEN$
694 OLD CAMden Road Bishopville, S.C. 79010 Street Address of Applicant
Mailing Address of Applicant if different from street address
903-428-0905-403-459-6019 403-428-9905 Phone Fax
Your Heaith 6) YA Headon Email Address
2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one)
☐ Individual Owner/Sole Proprietorship ☐ Partnership - List names and address of all person having an interest in the business.
Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at	Time Applica	ation is Filed:
Month _	(7)	Year <u>2013</u>

Assets:

<u> </u>	
Cash	1,500
Receivables	3.000
Real Estate	100,000
Buildings and Equipment (Net)	100,000 75,000
Motor Vehicles (Net)	14,000
Garage Equipment (Net)	5,000
Machinery and Tools (Net)	10,000
Supplies on Hand	1,000
Prepaids and Other Assets	
Total Assets	213,500
Liabilities and Equity:	
Accounts Payable	8
Notes Payable	9
Mortgages Payable	d
Equipment Obligations	d
Accrued Salaries and Wages	0
Other Accrued Obligations	3
Other Liabilities	2000 no Von Payment
Total Liabilities	1500 VAN PAYMENT
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:
BASE Rote (NO mater) 153.81 ARST 1/2 mi or fraction of
Plus 1,08 & Each additional 1/2 mi or Frection,
. Extra possenger \$1.50 Each
But Sage: Hand Bos in EXCESS OF one Per Passensian; sugent
LOTSE 609908e OF 3 CUbic feet or more/112 webit
RUSH HOUR 1/ 5 Per - TR. P (7-4- and 4-6 pm) Except Holder
. Woiting Time begins 5 min after orgiles 635 est
· Rodic Dispatch 4250 · Personal service AZE if Oriver leave Vicinity of Vehicle
1 = 130100 Service 12 = 15 Uriver 1000 Untinity of Volume

Counties to be Served:	Als	Area		
				8)
				4

Maximum Number of Passengers per Vehicle: 7 Pussengers

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
99	FORD-VAN	IFORE14LXX	HB 36744 (4,90	J) (1)
				; ;
				÷
				`.
				9

INSURANCE QUOTE Estimate

The following insurance quote is for:
Name of Motor Carrier)
(Name of Motor Carrier)
(Name of Motor Carrier) (Name of Motor Carrier) (Name of Motor Carrier) (Address of Motor Carrier)
Amount of Premium:
Liability Insurance 35/50/25 5000
The above quoted premium is for a term of
Minimum Limits - Intrastate Only:
1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000
15 passengers - 25,000/100,000/25,000 National (asua/ty (Insurance Company Name)
(Insurance Company Name)
Scotts dale, Az
(Home Office Address of Company)
s familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company outh Carolina.
Date / 3 Kebecra Ce. Killer
Date (Authorized Insurance Company Representative)

Rev 5/07

Exhibit FWA

	DAVID L. GREEN						
-	Name of Applicant						
1.	Are there currently any outstanding judgments against the Applicant? O Yes No						
	If Yes, indicate nature of judgement(s) against applicant.						
	If it es, indicate nature of judgement(s) against approant.						
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?						
	Yes O No						
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?						
	Yes O No						

Exhibit on Driver Qualifications

	1. Applicant understands	that all drivers must be a minimum of 18 years of age.
	WYes	O No
•	2. Applicant understands and such record from the be maintained in the Ap	that a certified copy of the driver's three (3) year driving record issued by the SC DMV ne DMV of the state in which the driver is or has been domiciled for such period must oplicant's business office.
3	. Applicant understands to must be maintained in the Yes	hat a criminal history background check from the state where the driver currently lives e Applicant's business office.
4	Applicant understands the their possession when opstate of residence of the contract of the co	nat all drivers operating a vehicle under a Class C Charter Certificate must have in perating a charter vehicle, a valid driver's license issued by the SC DMV or the current driver.
	D Yes	○ No
5.		at all Class C Charter Certificate holders are prohibited from employing or leasing re registered, or required to be registered, as sex offenders with the South Carolina Division or any national registry of sex offenders. No

08/01/2013 09:52 DAVIS COMPANY

(FAX)8034845005

P.001/001

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09:34:41 a.m. 08-01-2013

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

COUN	NTY OF LEE) Dayling	Applicant's Signature	•
		Applicant's Signature	
			٠
I,	David L. Green Name of Applicant's Representative	owner	
		Title	
of	David L. Green		
	Applicant		

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

HILL OF SMUBN TO BEFORE WE

STATE OF SOUTH CAROLINA

Nothry Public

Commission Expires

Jupot 31, 2015